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# STUDY: COVID vaccines caused widespread damage to Norwegian children, including anaphylaxis, myocarditis, swollen lymph nodes, appendicitis

01/09/2024 // Lance D Johnson // **1.4K** Views



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A nationwide, [register-based study out of Norway](#) investigated the incidence of 18 adverse events in adolescents following administration of two mRNA COVID-19 vaccines.

The “vaccines” licensed in Norway were the Comirnaty (BNT162b2, Pfizer-BioNTech) and Spikevax (mRNA-1273, Moderna). These jabs were administered to children ages 12-19 as early as April 2021. The jabs were also administered to “high risk” children prior to April, but these children were excluded from the study. Nearly 500,000 children were included in the study.



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## Healthy Norwegian children suffer from Pfizer and Moderna's failed COVID vaccine program

[According to the study](#), these needless, fraudulent vaccines caused widespread damage to healthy adolescents. The most noteworthy adverse reactions were anaphylaxis, myocarditis, pericarditis, lymphadenopathy (swollen lymph nodes) and appendicitis.

In a separate sub-analyses, researchers found that the COVID vaccines also caused an increase in epilepsy and convulsions in children. The [vaccine damage](#) was more widespread after the second dose, suggesting that cumulative toxicity may occur from one dose to the next.

The study excluded children who suffered from any of these health problems within four years prior to the COVID vaccine. This means that vaccine damage to unhealthy children was not even recorded in the study. Vaccine damage could be more widespread than what was recorded in this study, and the COVID jabs may have made unhealthy children worse off than before. Another limitation of the study was the omission of all children who were given three doses of the vaccine or children who received a non-mRNA vaccine. Also, any children who died during the study period were not included in the analysis.

## Anaphylaxis TEN times higher in vaccinated children

The researchers used a self-controlled case series (SCCS) analysis and a model known as Poisson regression to look for increases in adverse events between the vaccinated and unvaccinated children. The unvaccinated children were used as a reference point in the study.

The researchers found that children inoculated with a COVID-19 vaccine were FIVE times more likely to suffer from an anaphylactic reaction (severe allergic shock). The risk increased to nearly TEN times after a second dose of the COVID-19 vaccine. The risk window for

anaphylactic shock is only two days after administration of the vaccine. This is a medical standard set by the World Health Organization (WHO). The risk of anaphylactic shock in children could be even higher if the risk window was expanded to 14 days after vaccination. With mRNA vaccines, the spike protein may not dissolve immediately; it may [replicate and accumulate in distal organs](#) (including the heart) several weeks after vaccination. This may cause other adverse reactions long after WHO's standard two-day risk window.

## Myocarditis SEVEN times higher in vaccinated children

The risk window for lymphadenopathy was 14 days after vaccination. Vaccinated children were 2.5 times more likely to suffer with swollen lymph nodes within this time period. This is an indicator of future cancer risk. Most shocking: vaccinated children were SEVEN times more likely to suffer myocarditis and/or pericarditis within the 28-day risk window after the second dose of the COVID vaccine. This is child abuse and medical malpractice, constituting crimes against children on a global scale.

In a supplementary analysis, the researchers found an increased risk of acute appendicitis following both the first and second dose of the COVID vaccine. There was also a pronounced increase in facial nerve palsy following the vaccine. Further sub-analyses found an increased risk of epilepsy and convulsions among 18- and 19-year-olds within the 28-day risk window of the second dose.

“Knowledge of potential post-vaccination adverse events is crucial to weigh benefits against risks, and for future vaccine recommendations,” wrote German Tapia, with the Norwegian Institute of Public Health. “The number of observed outcomes and statistically significant associations were generally low in this study, with some exceptions which should be further monitored.”

### Sources include:

[MedXRiv.org](#) [PDF]

[TheEpochTimes.com](#)

[Nature.com](#)

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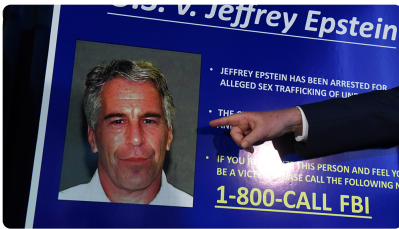
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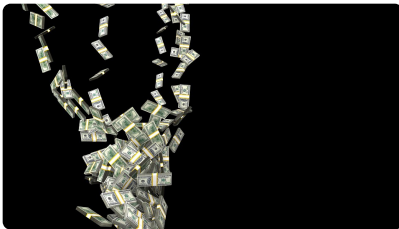
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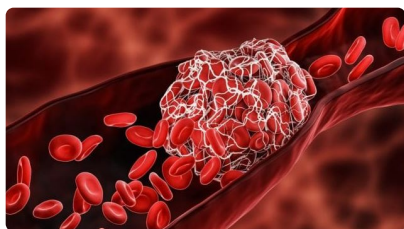
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